

Sprinkler Head Recall Questionnaire

Facility Name: _____

City/Town: _____

We have completed an inspection of the sprinkler system in our building(s). . .
Please check one:

- ☐ There are sprinkler heads installed in our system(s) that are covered in the recall.
- ☐ There are no sprinkler heads installed in our system(s) that are covered in the recall.
- ☐ There is no sprinkler system in our building(s).
- _____

Signed: _____
Name

Title

Date

Please return to: **FACILITY STANDARDS BUREAU—DHW**
PO BOX 83720
BOISE ID 83720-0036